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Bib Data Sheet

CONFIRMATION NO. 2346

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/662,612	09/15/2003 RULE	607	3766	1201.1101102

APPLICANTS

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verified 1 KDM

** CONTINUING DATA *****

This application is a DIV of 09/663,606 09/18/2000 PAT 6,647,292

** FOREIGN APPLICATIONS *****

none KDM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **
12/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Kate Miller KDM</i> Examiner's Signature Initials				

ADDRESS

21691

TITLE

Unitary subcutaneous only implantable cardioverter-defibrillator and optional pacer

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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